

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JACOB HANK SOPHER (2) _____
Candidate, Committee or Party Name I.D. Number

(3) 1601 W. 24TH ST. SUNSET ISLAND 3 MIAMI BEACH, FL
Address (number and street) City State Zip Code

☐ Check box if address has changed since last report

(4) Check appropriate box(es):

☒ Candidate (office sought): MIAMI BEACH COMMISSION, SEAT 4

☐ Political Committee

☐ Check if PC has DISBANDED

☐ Committee of Continuous Existence

☐ Check if CCE has DISBANDED

☐ Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 4/1/03 To 6/30/03 Report Type: 02

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ 0

Total Monetary \$ 0

(8) Other Distributions \$ 0

(9) TOTAL Monetary Contributions to Date

\$ 50,100

(10) TOTAL Monetary Expenditures to Date

\$ 0

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete

JACOB I. SOPHER

Name of ☒ Treasurer ☒ Deputy Treasurer

Signature

I certify that I have examined this report and it is true, correct and complete

JACOB I. SOPHER

Name of ☒ Candidate ☐ Chairman (PC/CY only)

Signature

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CITY CLERK'S OFFICE

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JACOB I. SOPHER

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 03 through 6 / 30 / 03

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1 / 1	N/A						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JACOB I. SORITER

(2) I.D. Number _____

(3) over Period 4/1/03 through 6/30/03

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/1	NIA				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

Name JACOB I. SOPHER

(2) I.D. Number _____

(3) Cover Period 4 / 1 / 03 through 6 / 30 / 03

(4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
1 / 1	N/A				
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					